

Appendix A: Case Studies
Case Study: One

Demographic Information	
Case I.D. Number	One
Age	29
Date of Birth	02/27/50
Education	High School graduate/GED
Marital Status	Single, Never Married
Occupation	Cook
Age of First Arrest	26
Age of First Conviction	26
Current Offence(s)	Kidnapping, Aggravated Assault, Gross Sexual Assault, Attempted Murder
Age First Substance Use	17
Substance(s) Used	Marijuana

<u>Questionnaire Summary Scores</u> <u>Three Alcohol Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Michigan Alcohol Screening Test (MAST)	27- Severe	Consequences
Short-Form Alcohol Dependence Data Questionnaire (SADD)	6- Low Dependence	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	36.5-Recognition (Moderate)	Motivation

<u>Questionnaire Summary Scores</u> <u>Three Drug Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Drug Abuse Screening Test (DAST)	15-Moderate	Consequences
Severity of Dependence Scale (SDS)	1) Marijuana: 7-Moderate 2) Amphetamine: 8-High	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	36.5-Recognition (Moderate)	Motivation

Case Study One

Offense History

This 29 year old male inmate is serving a sentence of 35 years with all but 20 years suspended at the Maine State Prison (MSP) for kidnapping, aggravated assault, gross sexual assault and attempted murder. The inmate was admitted to the MSP on 3/14/97.

During the interview assessment, the inmate recounted that he was under the influence of marijuana and amphetamines at the actual time of his current offenses, and had been drinking alcohol and using LSD the day prior to the offenses. He was reluctant to discuss the offense itself in any detail. The official version of the offense indicated that he abducted the victim while she was walking alone along a street, took her to a secluded area and beat and sexually assaulted her, also attempting to strangle her. He apparently then was seized with remorse and apologized to the victim before helping her to get dressed and dropping her off in the town where she was abducted.

The inmate has no known prior criminal history, nor has he been previously incarcerated, other than in the county jail awaiting trial on the present offenses.

The inmate has been classified as maximum custody since his arrival at MSP in 1997.

Substance Use History

The inmate recognizes that he has a substance abuse problem with both alcohol and drugs and specifically identified alcohol, marijuana and amphetamines as the main drugs with which he has problems. He has also used cocaine, hallucinogens, and tranquilizers, and described his drug use as “everything but crack and heroin.” He first tried marijuana at age 17, followed by amphetamines at 18, cocaine at 19 and alcohol at 20. He reports using marijuana daily from the beginning, with regular use of stimulants beginning at age 18 (amphetamines), and regular use of alcohol at age 21. He reports using cocaine daily for about a year, but says he “got tired” and stopped. He continued to use alcohol on a weekly basis on weekends, and marijuana and amphetamines on a daily basis. He reports being indiscriminate with respect to situations in which he would use substances, especially marijuana which he indicated he “always had on me.”

The inmate states that his first attempt at quitting drugs and alcohol lasted about 2 months, with his second attempt resulting in a reduction in use, but not abstinence. He states that both attempts were prompted by his desire to date women who were not drug users. He states that even when abstinent, drugs were “always on my mind.” The inmate reports that his parents were both substance abusers, with his father alcohol dependent and his mother dependent on tranquilizers (Xanax). He also reports that his brother is a heavy user of marijuana and alcohol. He acknowledges that his alcohol and drug use have had a negative impact on his life including failed relationships, poor mental health,

being a contributor to his current situation, and creating what he described as significant personality changes (“when I used I was promiscuous, dangerous and irrational”).

It should be noted that there were some discrepancies between the inmate’s account of his substance use history to this examiner and information contained in his official records. The discrepancies seem to be in the direction of a less favorable view of himself now than what is presented in official records, i.e. he now seems to show less “denial”.

Prior Treatment History

Prior to the current incarceration the inmate had participated in no substance abuse treatment. He reports that he began meeting with a substance abuse counselor while in the county jail, and has continued to meet with a counselor since his arrival at MSP. He reported his belief that he no longer needs substance abuse treatment in that he now thinks he could benefit from co-dependency treatment.

Pre-Program Interview Rating Scales

The inmate was assessed on five separate rating scales that were ranked at the end of the comprehensive interview. The rating scales range from a score of 1 to 5 (generally covering low to high ratings). The inmate was rated in the following manner:

- 1) **High recognition of substance abuse problem (5/5).** The inmate is very willing to admit to his problems and explicitly made the link between his substance use and criminal behavior. The inmate further recognized how substances have negatively impacted on several life areas including: all manner of relationships, finances, and mental health.
- 2) **Low insight into substance abuse problem (2/5).** The inmate demonstrates a low level of insight into his substance abuse problem, particularly with respect to measures he should take to avoid the problem recurring in the future. This is demonstrated by a response to one of the problem solving scenarios in which he would go into a bar to listen to music despite knowing that it was a difficult high risk situation for him. Nonetheless, the inmate demonstrated a moderate level of coping skills on one of the other problem solving scenarios and clearly recognizes the link between his substance abuse and criminal behavior, and the negative impact substance abuse has had on his life.
- 3) **Moderate recognition of high risk situations (3/5).** The inmate demonstrated a moderate level of recognition of high risk situations and how they impact on his substance use behavior. However, he appears to lack adequate skills for coping with high risk situations, despite being able to recognize them. This is especially true with respect to interpersonal pressures to use. Also of concern is his pervasive, constant pattern of marijuana and amphetamine use prior to incarceration, in contrast to individuals whose use is linked to specific problematic situations (i.e. being alone, being with other people, when depressed).

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- 4) **Moderate problem solving abilities (3/5).** The inmate demonstrated a mixture of adequate and clearly inadequate coping strategies when presented with several problem solving scenarios. He tended to employ “low level” avoidance strategies most frequently, rather than more sophisticated assertiveness and coping strategies. He also tended to employ sexual behavior as a coping strategy in interpersonal situations involving women.
- 5) **Low motivation (1/5).** The inmate reported that he does not believe he needs any further substance abuse treatment. However, he reports having engaged in regular counseling since shortly after his arrest, so this may be a largely accurate perception of his current need. However, he failed to recognize the need for ongoing support and vigilance, tending to view his substance abuse problems as fully resolved even though he is not in a position where he might encounter any of his significant high risk situations.

Assessment of Risk/Need:

The inmate received the following ratings on the key areas of his alcohol and drugs use:

Alcohol	Rating
Dependence (SADD)	Mild
Consequences (MAST)	Severe
Motivation	Moderate-High

Drugs	Rating
Dependence (SDS)	Marijuana (Moderate) Amphetamines (High)
Consequences (DAST)	Moderate
Motivation	Moderate-High

Overall Substance Abuse Rating:

The inmate’s combined substance abuse level is rated as **moderate**. He displays recognition of the need to change his behavior, but at a low level of recognition of need for further treatment. An inmate with a moderate substance abuse problem is at a moderate risk for recidivism (based on studies conducted with the Correctional Service of Canada).

The correctional file review supports the finding of moderate dependence. The inmate’s substance use was focused largely are marijuana, less frequent use of other substances. In addition, his use was of relatively late onset and relatively shorter duration than is typical among individuals with severe dependence problems.

The Maine Department of Corrections’ Initial and Reclassification Custody rating scale ranked the inmate at 37 in 1997.

Treatment Intervention Needs/Level of Treatment

The inmate's moderate level of substance abuse problems (which are directly linked to, but not the sole factor in his criminal behavior) warrant a treatment intervention of moderate intensity (Level III). This treatment should begin in the institution at a point closer to his release date, and consist of a focus on motivational enhancement followed by relapse prevention skills training. Treatment should be continued in the community with periodic booster sessions.

Special Issues/Questions

This inmate's offenses were ones of a sexually aggressive nature. Two psychological reports done prior to his sentencing both point to the possibility of a sexual sadism diagnosis which interacts with his substance abuse problems to produce disinhibited, sexually aggressive behavior. This "comorbidity" will need to be addressed in his overall correctional programming.

Case Study: Two

Demographic Information	
Case I.D. Number	Two
Age	35
Date of Birth	08/05/63
Education	Some College
Marital Status	Married
Occupation	Heating Repair
Age of First Arrest	27
Age of First Conviction	27
Current Offence(s)	Violation of Probation
Age First Substance Use	13
Substance(s) Used	Cigarettes

<u>Questionnaire Summary Scores</u>		
<u>Three Alcohol Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Michigan Alcohol Screening Test (MAST)	33-Severe	Consequences
Short-Form Alcohol Dependence Data Questionnaire (SADD)	5-Low	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	33-Recognition (Low)	Motivation

<u>Questionnaire Summary Scores</u>		
<u>Three Drug Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Drug Abuse Screening Test (DAST)	N/A-No reported drug use.	Consequences
Severity of Dependence Scale (SDS)	N/A-No reported drug use.	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	N/A-No reported drug use.	Motivation

Case Study Two

Offense History

This 35 year old male inmate is serving a sentence of 3 years for Violation of Probation at the Downeast Correctional Facility (DCF). He was originally sentenced to probation in 1994 as a result of conviction in a series of burglaries. His probation was violated when he stole a carpenter's level from his place of employment in 1997. He was admitted to the Maine Correctional Center (MCC) on 12/31/97 and subsequently transferred to DCF.

During the interview assessment, the inmate reported that he was under the influence of alcohol at the time of the original offense, but not the offense which resulted in the violation of his probation. However, his recognition of the link between drinking and his criminal behavior seems a recent phenomenon, occurring only since his present incarceration. He stated that his probation was violated because his parole officer caught him drinking at a wedding in contravention of his probation agreement. This is at odds with official records indicating that his probation was violated for theft. With respect to the original offense, he indicated that he and a friend were caught inside a motel room where he asserts they had broken in to find a place to sleep.

The inmate's official records detail a long history of offenses as an adult dating back to 1981. The offenses include four DWI/OUI convictions as well as several convictions for theft. The inmate has been incarcerated six times previously in both county and state facilities.

The inmate has been classified as medium custody since his arrival at MCC in 1997.

Substance Use History

The inmate recognizes that he has a severe drinking problem and characterized himself as "an alcoholic" in the past. However, he tended to minimize the current seriousness of his drinking problems, tending to localize them in the past. The inmate first tried cigarettes at age 13, first using alcohol shortly after at age 13-14. He reports regular use of alcohol beginning in high school at age 17 and stated that he drank on weekends through college, but stated that "it wasn't in moderation." He reports spending all his money on alcohol and drinking up to a fifth of bourbon in a day.

The inmate states that he has only tried to stop drinking once, and that attempt began following his being sentenced to probation. He indicated that since that sentence he has consumed alcohol on two occasions over the last four years. He could not say why he drank even though he knew it was hazardous for him to do so, and stated "I just got caught up in the moment." He reports drinking in a wide variety of situations, but states that his drinking has reduced since he married. He indicated that none of his family have problems with alcohol or other drugs. He acknowledged that alcohol consumption has resulted in negative effects on his family relationships, school work, finances, and both physical and mental health.

It should be noted that there were some discrepancies between the inmate's account of his drinking and indications in official records, with the inmate appearing to minimize the extent of his alcohol consumption somewhat. There is also the suggestion in official records that this inmate may be dependent on prescription medications (specifically benzodiazepine tranquilizers and opioid painkillers), however the inmate did not identify his use of these substances as being problematic.

Prior Treatment History

The inmate reported that he was treated at Eastern Maine Medical Center in 1997. He stated that he completed the program, but official records suggest that he failed to follow through with aftercare recommendations. His probation was violated and he was incarcerated on the present sentence six months after his discharge. In addition, the inmate reports that he has attended AA meetings in the past and stated that he found them "extremely helpful." He also stated that the program at Eastern Maine Medical Center made him "realize a lot of things about myself."

Pre-Program Interview Rating Scales

The inmate was assessed on five separate rating scales that were ranked at the end of the comprehensive interview. The rating scales range from a score of 1 to 5 (generally covering low to high ratings). The inmate was rated in the following manner:

- 1) Moderate recognition of substance abuse problems (3/5).** The inmate acknowledged that his drinking has created problems for him, but did not acknowledge any problems with other drugs that are documented in official records. He recognized the relationship between his drinking and criminal behavior, and further was able to recognize that alcohol use has had a negative impact on several life areas including: finances, personal relationships, and school.
- 2) Moderate insight into substance abuse problem (3/5).** The inmate demonstrates some insight into his problems with alcohol, but tends to minimize their current impact or seriousness. He has some recognition of the need to cope with high risk situations, but his responses to problem solving scenarios suggest that he needs a broader range of such coping skills. He tends to use simple avoidance tactics, but does have some knowledge of more direct, active coping strategies.
- 3) Moderate recognition of high risk situations (3/5).** The inmate was able to recognize high risk situations and to formulate reasonably adequate coping responses to several of them. However, his coping repertoire appears somewhat restricted and limited, and he could benefit from learning additional coping skills. Of special concern was his willingness to put himself in a very high risk situation (a bar) if invited to do so by a superior.

4) Moderate to good problem solving abilities (4/5). Although his solutions to high risk situations tended to be restricted and limited he was able to generate likely very effective solutions to several of the problem solving scenarios. He tended to employ both “low level” avoidance strategies as well as more active coping strategies such as drink refusal and cognitive rehearsal.

5) Low motivation (1/5). The inmate stated flatly that he does not need treatment. He stated that he is confident that he can avoid drinking because he has no desire to drink while incarcerated. This suggests that he does not clearly recognize the link between drinking and specific environmental circumstances. He also does not appear to recognize the need for continued vigilance and refinement of coping skills over time.

Assessment of Risk/Need:

The inmate received the following ratings on the key areas of his alcohol and drugs use:

Alcohol	Rating
Dependence (SADD)	Mild
Consequences (MAST)	Severe
Motivation	Low

Drugs	Rating
Dependence (SDS)	N/A
Consequences (DAST)	N/A
Motivation	N/A/

Overall Substance Abuse Rating:

Despite his being, by his admission, “alcoholic” this inmate’s overall substance abuse level is rated as **low**. He has clearly established a reasonable, positive link with AA and appears to have better than average coping skills. An inmate with a low substance abuse problem is at a low risk for recidivism (based on studies conducted with the Correctional Service of Canada). It may be, however, this rating underestimates the severity of this inmate’s problem drinking.

Treatment Intervention Needs/Level of Treatment

The inmate’s low level of substance abuse problems warrant a treatment intervention of low intensity (Level II). This treatment begin with motivational enhancement to help rekindle this inmate’s commitment to continuing changes he states he has already made in his drinking. Treatment should begin inside the institution, shortly before release and should continue into the community. It should focus on teaching additional coping skills to supplement those this inmate already appears to possess. He is also approaching an age at which substance users tend to begin to moderate their use, and to demonstrate less florid associations between substance use and criminal behavior. This also suggests that a

low intensity intervention may be the choice at this point, and given the limited amount of time in which to accomplish any additional learning.

Special Issues/Questions

Of some concern with this inmate is that he may be developing a cross addiction to benzodiazepine tranquilizers and opioid pain medications. This situation should be carefully monitored, even though there are clear medical indications for the use of those medications.

Case Study: Three

Demographic Information	
Case I.D. Number	Three
Age	38
Date of Birth	06/07/60
Education	High school graduate/GED
Marital Status	Married
Occupation	Construction worker
Age of First Arrest	16
Age of First Conviction	20
Current Offence(s)	OUI
Age First Substance Use	9
Substance(s) Used	Alcohol, cigarettes, marijuana

<u>Questionnaire Summary Scores</u>		
<u>Three Alcohol Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Michigan Alcohol Screening Test (MAST)	42-Severe	Consequences
Short-Form Alcohol Dependence Data Questionnaire (SADD)	34-Severe	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	39.9-High	Motivation

<u>Questionnaire Summary Scores</u>		
<u>Three Drug Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Drug Abuse Screening Test (DAST)	20-Severe	Consequences
Severity of Dependence Scale (SDS)	1) Cocaine: 1, Low 2) Marijuana: 2, Low	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	23-Low	Motivation

Case Study Three

Offense History

This 38 year old married inmate is serving a 5 year sentence at the Maine Correctional Center (MCC) for OUI. He was sentenced as a Habitual OUI offender. The inmate was admitted to MCC on 12/17/96.

During the interview assessment the inmate recounted that he was under the influence of alcohol and prescribed psychiatric medications at the time of his most recent OUI arrest. He was unable to recall the details of that arrest or the events leading up to it.

The inmate recognized that his substance abuse was a direct causal factor in his criminal behavior. Official records reveal a long series of alcohol-related offenses dating back to 1979, including five OUI convictions, as well as convictions for manslaughter, breaking and entering, assault, criminal threatening, eluding a police officer, aggravated forgery and criminal trespass. The inmate reported that he has been under the influence of alcohol or other drugs during every offense he has committed.

The inmate has been classified as medium custody since his arrival at MCC in 1996. This appears due, at least in part, to the fact that in addition to substance abuse, the inmate has been diagnosed as suffering from Bipolar Disorder, and is currently prescribed lithium, Vistaril, and Zoloft, all of which require close psychiatric monitoring.

Substance Use History

The inmate recognizes that he has a severe substance abuse problem with both alcohol and drugs. He reports first use of substances in the form of alcohol, marijuana and cigarettes at age 9. He reports having experimented with nearly every psychoactive substance available including marijuana, cocaine, heroin, Demerol, Dilaudid, amphetamines, LSD, mescaline and mushrooms. He reported that his preferred drugs are vodka, cigarettes, cocaine and marijuana. He reported that prior to his most recent incarceration he was drinking and using cocaine daily, with alcohol being his primary drug. He reported that his drug and alcohol use were pervasive, and not limited to any particular situations or settings. He described his use as “waking up with and going to sleep with it.” He described his lifestyle as “going to work, then to the liquor store, then drinking all night.”

The inmate states that he made his first, unsuccessful attempts to stop using alcohol and drugs in 1980, and that he has made many attempts since then, none resulting in more than a month of abstinence except when he was incarcerated. He recognizes that his alcohol and drug use has had a variety of negative effects on his life including legal problems, family and relationship problems, some work problems, financial difficulties, and numerous medical problems including a perforated ulcer, and broken bones suffered while intoxicated. While in the Marine Corps he was involved in a drunken altercation with an officer which led to him serving time in the brig. Nonetheless, he received an

honorable discharge from the Marines. The inmate reports that his father is an alcoholic, and that all of his siblings have had problems with alcohol or drugs. He also reports that everyone in his family is sober now, except him.

Prior Treatment History

The inmate reported having participated in a number of treatment programs in the past with frequent admissions to the Togus VA and Seton Hospital. He was unable to recall exactly how many treatments he has undergone. Official records indicate that he has been treated for bipolar disorder since 1980 and has been hospitalized at Bridgewater State Hospital, MA. He has also been detoxed several times. His hospitalizations have been both for treatment of bipolar disorder, depressed and for treatment of substance abuse. In addition to formal treatment, the inmate reports sporadic participation in AA in the community, and stated that he has attended AA meetings on a weekly basis while incarcerated at MCC.

Pre-Program Interview Rating Scales

The inmate was assessed on five separate rating scales that were ranked at the end of the comprehensive interview. The rating scales range from a score of 1 to 5 (generally covering low to high ratings). The inmate was rated in the following manner:

- 1) High recognition of substance abuse problem (5/5).** The inmate is very willing to admit to problems with alcohol and drugs, and explicitly made the link between his substance use and criminal behavior. The inmate further recognized how substances have negatively impacted on several life areas including all manner of relationships, finances, mental and physical health and legal difficulties.
- 2) Low insight into substance abuse problem (2/5).** The inmate demonstrates a low to moderate level of insight into his substance abuse problem, particularly with respect to the interaction of psychiatric illness with substance abuse. He has some recognition of the measures needed to avoid future problems, however his problem solving skills are quite limited. There are indications in his responses to problem solving scenarios that he still hopes that he can drink in the future, despite the many problems alcohol has created in his life. Confronted with a situation that involved a choice between driving while intoxicated and using other means to get home, he indicated that he would drive.
- 3) Moderate recognition of high risk situations (3/5).** The inmate demonstrated a moderate level of recognition of high risk situations and how they impact on his substance use behavior. However, he lacks adequate skills for responding appropriately to such situations, even though he recognizes them as problematic. Of some concern, as well, is the pervasiveness of his alcohol use, and its combination with severe mental illness. This suggests that he will require substantial assistance in learning to cope with a wide variety of potential drinking situations without drinking.

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- 4) **Low problem solving abilities (1/5).** As noted, the inmate is able to recognize high risk situations, but appears to have few coping skills with which to deal with those situations in an effective manner. When he was able to respond with an effective strategy to problem solving scenarios, these tended to be “low level” avoidance strategies. Even these would seem to be of limited effectiveness as he would append an indication of a continued desire to drink after his statement of a coping strategy.
- 5) **High motivation to participate in treatment (5/5).** The inmate was very willing to participate in treatment, however he appears to be still quite ambivalent about abstinence from alcohol. He reports a strong need for treatment, however he fails to recognize that he may have to commit himself to abstinence and active coping with high risk situations if he is to avoid future alcohol and drug related problems. He does report having made and followed through on a continuing commitment to AA during his incarceration.

Assessment of Risk/Need:

The inmate received the following ratings on the key areas of his alcohol and drug use:

Alcohol	Rating
Dependence (SADD)	Severe
Consequences (MAST)	Severe
Motivation	High

Drugs	Rating
Dependence (SDS)	Cocaine (Low) Marijuana (Low)
Consequences (DAST)	Severe
Motivation	Low

Overall Substance Abuse Rating:

The inmate’s combined substance abuse level is rated as **severe**, despite minimal evidence of dependence on illegal drugs. He displays strong recognition of a need to change his behavior, however, he is ambivalent as to abstinence as the best course of action for himself at present. An inmate with a severe substance abuse problem is at a high risk for recidivism (based on studies conducted with the Correctional Service of Canada).

The correctional file review supports the finding of severe dependence complicated by comorbid bipolar disorder, depressed.

The Maine Department of Corrections’ Initial and Reclassification Custody rating scale ranked the inmate at 53 in 1996.

Treatment Intervention Needs/Level of Treatment

The inmate's severe level of substance abuse problems, which are directly linked to his criminal behavior, warrant a treatment intervention of high intensity (Level V). The complicating factor of bipolar disorder makes him a likely poor candidate for a therapeutic community (TC) intervention as he may have difficulty coping with the pressures of total, confrontational milieu treatment. A more skills focused treatment would be most beneficial while still maintaining a high degree of treatment intensity. Any treatment needs to be preceded by a motivational enhancement component focused on helping the inmate to become committed to abstinence as a viable treatment goal. Treatment should be continued in the community with regular attendance at support groups as well as professional interventions aimed at providing support and helping the inmate to continue to engage in relapse prevention skills upon his release into the community. Any treatment should include regular psychiatric assessment and medication monitoring. In addition, antidipsotropic medications such as ReVia (naltrexone) should also be considered as part of his treatment as he reports continuing urges to drink.

Special Issues/Questions

The presence of bipolar disorder complicates both the treatment delivery recommendations and the likelihood of ongoing success at avoiding alcohol and drug related problems once the inmate is released into the community. This comorbid disorder mediates against a TC intervention as being most appropriate for this inmate as he may not have the psychological resources to benefit from that sort of intensive, confrontational intervention. In addition, the presence of bipolar disorder will require close coordination between psychiatric and substance abuse treatment components both inside the institution and in the community once the inmate is released. Transitional services from institution to community will be essential in assisting this inmate to avoid future alcohol and drug related problems and criminal behavior.

Case Study: Four

Demographic Information	
Case I.D. Number:	Four
Age:	Thirty Two
Date of Birth:	06/03/66
Education:	Some High School
Marital Status:	Divorced
Occupation:	Construction
Age of First Arrest:	Sixteen
Age of First Conviction:	Eighteen
Current Offense(s):	OUI and Burglary
Age First Substance Use:	Fourteen
Substance(s) Used:	Marijuana, Alcohol, Pills

<u>Questionnaire Summary Scores</u> <u>Three Alcohol Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Michigan Alcohol Screening Test (MAST)	45 Severe	Consequences
Short-Form Alcohol Dependence Data Questionnaire (SADD)	25 – High	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	32 – Recognition (Low)	Motivation

<u>Questionnaire Summary Scores</u> <u>Three Drug Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Drug Abuse Screening Test (DAST)	20 – Severe	Consequences
Severity of Dependence Scale (SDS)	3) Cocaine: 07 – Moderate 4) Heroin: 12 – High 5) Valium: 02 – Low	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	32 – Recognition (Low)	Motivation

Case Study #4

Offense History

The 30 year old inmate is serving a sentence of 4 years and 182 days at the Maine Correctional Center (MCC) for operating a motor vehicle under the influence while a revocation prohibiting such operation was in effect - pursuant to the habitual offender law. In addition, the inmate was found guilty of three counts of theft (Class C crime). The inmate was admitted to the MCC on January 18, 1994 with a projected release date of July 6, 1995

During the assessment interview, the inmate recounted that he was under the influence of heroin, alcohol, and valium at the actual time of his offenses. The offender stated that he first stole a boat motor and placed it in the trunk of his car. A few days later, he was in a car accident at which point he was charged for operating a vehicle while under the influence and theft. This verbal description appears to correspond to the offense list found on the inmate's Universal Face Sheet.

The inmate's criminal history covers a fifteen year period that dates back to 1984 when he was found guilty of operating a vehicle under the influence. The inmate's criminal history reveals a consistent pattern of offenses that are mainly linked to driving offenses (e.g., OUI's and habitual offender charges) as well as property offenses (e.g., theft and burglary). The offender spent time in CCJ three times between 1984 and 1989, the remainder of his sentences were served in the adult correctional system.

The offender has been classified at the medium custody level since his arrival at MCC in 1996.

Substance Use History

The inmate recognizes that he has a substance abuse problem with both alcohol and drugs and specifically identified the following problem areas of abuse: heroin, valium, percodan, tylenol and alcohol (vodka). The inmate openly admits that his substance abuse problem is directly linked to his incarceration. The inmate started using alcohol and drugs at age 14 when he used substances once a week. By the time the inmate turned 17 years old he began using alcohol and drugs on a daily basis. The inmate followed his pattern of everyday drug use, mainly tranquilizers (Xanax) and alcohol (Vodka), while he was last in the community in 1996. The inmate also noted that he was using illicit drugs during his current sentence.

The inmate states that his single attempt at quitting alcohol and drugs was unsuccessful. He did not elaborate on the circumstances under which he attempted to quit using. The inmate stated that his natural parents were alcoholics but were both abstinent for at least the last six years. The inmate was raised by his maternal grandparents (who do not have a substance abuse problem) from the time he was a few months old. The inmate admits

that his alcohol and drug use had a negative impact on several areas of his life, including dropping out of high school, divorce from his ex-wife, and fines and loss of license due to driving offenses.

Prior Treatment History

The offender has attended five alcohol treatment programs since 1989. His records do not reveal any involvement in treatment that targets licit and illicit drugs (e.g., heroin, painkillers, valium) despite the inmate's abuse of these substances since his early teens. The inmate's official records indicates that he continued to use alcohol throughout his treatment history.

It is worth noting that a contradiction arose between the offender's official correctional records and some of the information discussed during the assessment interview. More specifically, the offender denied any prior involvement in substance abuse treatment despite that fact that his Universal Face Sheet identified five separate occasions when he received alcohol treatment inside prison and while in the community.

Pre-Program Interview Rating Scales

The inmate was assessed on five separate rating scales that were ranked at the end of the comprehensive interview. The rating scales range from a score of 1 to 5 (generally covering low to high ratings). The inmate was rated in the following manner:

1) High recognition of substance abuse problem (5/5). The inmate is very willing to admit to his problems and explicitly made the link between his criminal behavior and substance abuse problem. The inmate further recognized how substances have negatively impacted on several areas of his life, including: school, family, and finances.

2) Low insight into substance abuse problem (2/5). The inmate demonstrates a fairly low level of insight regarding the cause of substance abuse and little insight on what he should do to avoid the problem. The inmate's lack of insight was best demonstrated when he stated he would drink and drive as a solution to one of the problem solving scenarios that were covered during the interview. However, the inmate should be credited for recognizing that his substance abuse directly contributed to his criminal behavior. In addition, the inmate admitted that alcohol and drugs had a negative impact on his family, school, and finances.

3) Low recognition of high risk situations (1/5). The inmate has very little understanding regarding what are his high risk situations and how they impact on his substance using behavior. The inmate's pattern of being unaware of his high risk situations was evidenced throughout the interview. The inmate characterized his use

pattern as taking place “everywhere” and “any time of the day”. This generalized pattern is in contrast to individuals that have insight into specific high risk situations (e.g., being alone, being with other people, when depressed).

Research demonstrates that the five most common high risk situations that are linked to relapses include: negative emotional states; interpersonal conflict, social pressure; positive emotional states, and cravings. Overall, the inmate was not aware of these high risk situations (or others) and how they impact on his behavior.

4) Low problem solving abilities (1/5). The inmate responded to five problem solving scenarios over the course of the interview. The inmate employed negative or socially inappropriate responses (e.g., driving home while intoxicated) or ineffective strategies (e.g., staying in the presence of drug using friends) to handle the various problem scenarios. The inmate’s weak problem solving skills is exacerbated by the fact that there is a high number of driving offenses in his criminal history.

5) High “External” Motivation (4/5). The inmate’s motivation is assessed as “high” based on his statements that he “needs treatment badly” and his admission of his pattern of substance abuse and criminal behavior. This type of motivation appears to be externally driven (i.e., the inmate’s primary motivation is to avoid future incarceration) as opposed to an internal driver (i.e., the inmate’s internal understanding and appreciation of the need to change his behavior).

Assessment of Risk/Need

The inmate received the following ratings in the key areas of his alcohol and drug use:

Alcohol	Rating
Dependence (SADD)	High
Consequences (MAST)	Severe
Motivation	Recognition (Low)

Drugs	Rating
Dependence (SDS)	Cocaine (High) Heroin (High) Valium (Moderate)
Consequences (DAST)	Severe
Motivation	Recognition (Low)

Overall Substance Abuse Rating:

The inmate's combined substance abuse level is ranked as **severe**. He displays recognition of the need to change his behavior but at a low level of insight into his problems. An inmate with a severe substance abuse problem is at a high risk for recidivism (based on studies conducted with the Correctional Service of Canada).

The correctional file review supports the finding a severe dependence. For example, the inmate is identified as an alcoholic in the "Special Needs/Risks" category of his Universal Face Sheet. Hospital records show that the inmate experienced alcohol withdrawal seizures during a period of incarceration in 1989. Furthermore, liver damage was detected at this time.

The Maine Department of Correction's Initial and Reclassification Custody rating scale ranked the inmate at 33 in 1997.

Treatment Intervention Needs/Level of Treatment

The inmate's severe level of substance abuse problems (which are directly linked to his criminal behavior) requires a high intensity treatment service (Level V). This treatment should begin at the institution and extend into the community.

This inmate is a good candidate for treatment based on his willingness recognize he has a substance abuse problem despite his low level of insight into the causes and possible solutions to his problem. The inmate weak problem solving abilities and lack of knowledge about his high risk situations could be directly addressed in a skills based treatment program.

Special Issues/Questions

Institutional Behavior

During his current sentence, the inmate was found guilty of two disciplinary charges, consisting of two positive urinalysis test for marijuana use.

Case Study: Five

Demographic Information	
Case I.D. Number:	Five
Age:	Twenty-Nine
Date of Birth:	25/09/69
Education:	High School/GED
Marital Status:	Single, never married
Occupation:	Construction
Age of First Arrest:	Nineteen
Age of First Conviction:	Nineteen
Current Offense(s):	Murder
Age First Substance Use:	Eleven
Substance(s) Used:	Alcohol (Rum), Cigarettes

<u>Questionnaire Summary Scores</u>		
<u>Three Alcohol Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Michigan Alcohol Screening Test (MAST)	27 (Severe)	Consequences
Short-Form Alcohol Dependence Data Questionnaire (SADD)	25 (High)	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	44 - Recognition (High)	Motivation

<u>Questionnaire Summary Scores</u>		
<u>Three Drug Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Drug Abuse Screening Test (DAST)	14 (Substantial)	Consequences
Severity of Dependence Scale (SDS)	1) Marijuana 04 – Low 2) Hashish 03 – Low 3) Cocaine 01 – Low	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	43 – Recognition (High)	Motivation

Case Study #5

Offense History

The 29 year old inmate is serving a sentence of 70 years at the Maine State Prison (MSP) for committing murder. The inmate was admitted to the MCC on April 19, 1990 with a projected release date of June 6, 2048. During the assessment interview, the inmate stated that he was under the influence of alcohol, marijuana, and PCP at the time of his offense. The inmate went on to recount that the crime took place during the winter of 1989 when he was unemployed and “hanging around the wrong people”. During the actual day of the offense, the inmate was drinking and using drugs with a friend while they were ice fishing. The two decided to break into a nearby cottage where they found a woman inside, and then they proceeded to murder the victim.

The inmate’s verbal description of the crime matches the official record in that he admitted to committing murder. The inmate’s verbal description does not acknowledge the seriousness and violence associated with his offense. For example, the police report notes that the victim’s body was beaten and stabbed to the point whereby the victim could not be immediately identified due to the trauma. In addition, the Maine Division of Probation and Parole’s Pre-Sentence Investigation (1990) notes that, “...reports indicate [the inmate] continues to minimize his actions during this offense, and each interview with the police and psychologist has produced a different version of events”.

The inmate had no prior criminal history before committing the murder. The inmate is the fourth of six children who grew up with his parents and family in Maine. He graduated from high school in 1987 and moved out of the family home to live in an apartment with his brother and a friend (i.e., the co-defendant in the murder). The inmate held several unskilled laborer positions following his graduation from high school (and prior to his arrest in January 1989).

The inmate has been classified at the maximum custody level since his arrival at MSP in 1990.

Substance Use History

The substance abuse history covered during the assessment interview is fairly consistent with official records although more detailed information was collected during the face to face assessment interview. For example, the inmate states that he first used alcohol and drugs at age 11 whereby he used alcohol (rum) and drugs (marijuana) on a weekly basis. The inmate admits that he has a substance abuse problem, particularly with alcohol. The inmate mentioned early alcohol use, difficulty in stopping his use, early age of first use, and lack of control as factors that lead him to believe he has a problem.

The inmate reports that the last time he used substances regularly was between 1988 and 1989 (prior to arrest). During this period, the inmate recalls that his use had increased from a once weekly pattern to a daily pattern with both alcohol (beer and whiskey) and drugs (marijuana and hashish). When asked if he plans to continue at this level in the future the inmate responded, "I hope not". The inmate went on to view his past use in a more serious tone by stating that he understood the danger of abuse (negative effects on himself and his family). The inmate went on to say that he viewed himself as having a "serious" substance abuse problem that has impacted on several areas of his life (e.g., relationships, family, friends, finances).

The inmate stated that alcohol and drugs contributed to the offense he was charged with committing and stated that alcohol changed his personality (i.e., caused him to become agitated, angry, tense).

The inmate made two attempts to quit using, including one attempt to join Alcoholic Anonymous, but always returned to use due to cravings and peer pressure.

Prior Treatment History

The inmate has not been involved in any type of formal substance abuse treatment services (with the exception of attending a few AA meetings) since arriving at MSP. The inmate was not involved in treatment prior to incarceration. Several reports (Classification Department and Psychological Services) contain recommendations for the inmate to get involved in substance abuse counseling.

Pre-Program Interview Rating Scales

The inmate was assessed on five separate rating scales that were ranked at the end of the comprehensive interview. The rating scales range from a score of 1 to 5 (generally covering low to high ratings). The inmate was rated in the following manner:

1) High recognition of substance abuse problem (4/5). The inmate is very willing to admit to his alcohol and drug problems. The inmate recognizes the link between substance abuse and crime although he was reluctant to acknowledge the seriousness of his offense. The inmate also recognizes that substances have negatively impacted on several life areas, including relationships, family, and finances.

2) Low insight into substance abuse problem (2/5). The inmate has a low level of insight regarding the cause of substance abuse and little insight on what he should do to avoid the problem. The inmate's strengths are that he realizes that he craves alcohol (and drugs) and his substance abuse has had a negative effect on his life, including his current

incarceration. At the same time, the inmate does not appear to know how to deal with the causes of his substance abuse (e.g., cravings and peer pressure). In fact, the inmate placed himself directly in high risk situations with drug using friends in the problem solving scenarios.

3) Moderate recognition of high risk situations (3/5). The inmate has a moderate level of recognition of his high risk situations. The inmate recognized a number of situations that are linked to his abuse, including cravings, peer pressure, and heightened stress levels. The inmate does not appear to appreciate the actual risk associated with these situations in a detailed fashion. Currently, the inmate can superficially identify a few events but more time must be spent on detailing and understanding his high risk situations.

4) Low problem solving abilities (2/5). The inmate primarily resorted to negative or socially inappropriate coping skills when faced with the problem scenarios. For example, the inmate discussed using drugs, driving while intoxicated, and quitting a job as options for dealing with various problem solving scenarios. The inmate's solutions often appeared to be impulse driven (e.g., quitting a job) instead of working through a series of steps and testing alternative solutions when faced with a high risk situation. The inmate did identify some passive coping skills (e.g., leaving the room) as well as one instance in which a range of coping options were considered (e.g., avoid the situation or doing something else such as running or lift weights).

5) High Motivation (4/5). The inmate's motivation is assessed as "high" based on his statements that he "needs treatment badly" and his willingness to recognize that he has a serious substance abuse problem.

Assessment of Risk/Need

The inmate received the following ratings in the key areas of his alcohol and drugs use:

Alcohol	Rating
Dependence (SADD)	High
Consequences (MAST)	Severe
Motivation	Recognition

Drugs	Rating
Dependence (SDS)	Marijuana (Low) Hashish (Low) Cocaine (Low)
Consequences (DAST)	Substantial
Motivation	Recognition

Overall Substance Abuse Rating:

The inmate's combined substance abuse level is ranked as **severe**. An inmate with a severe level of substance abuse problems is at a high risk for recidivism (based on studies conducted with the Correctional Service of Canada).

The Maine Department of Correction's Initial and Reclassification Custody rating scale ranked the inmate at 37 in 1998.

Treatment Intervention Needs/Level of Treatment

The inmate's severe substance abuse problems requires the most intensive treatment service available (Level V). Given the lengthy sentence for the inmate, the majority of his treatment can be initially directed at the institutional level with long range planning for community treatment.

Special Issues/Questions

Institutional Behavior

The inmate has one incident report whereby he was found guilty of a Class "A" violation (Demonstration) resulting from an incident that occurred on August 31, 1997.

Case Study: Six

Demographic Information	
Case I.D. Number:	Six
Age:	Thirty Two
Date of Birth:	26/11/65
Education:	Some High School
Marital Status:	Separated/Divorced
Occupation:	No Response
Age of First Arrest:	Eighteen
Age of First Conviction:	Eighteen
Current Offense(s):	Murder
Age First Substance Use:	Fourteen
Substance(s) Used:	Cocaine, Alcohol, Marijuana

<u>Questionnaire Summary Scores</u> <u>Three Alcohol Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Michigan Alcohol Screening Test (MAST)	24 (Severe)	Consequences
Short-Form Alcohol Dependence Data Questionnaire (SADD)	7 (Low)	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	35 – Taking Steps	Motivation

<u>Questionnaire Summary Scores</u> <u>Three Drug Tests</u>		
<u>Test Name</u>	<u>Test Score/Level</u>	<u>Area Measured</u>
Drug Abuse Screening Test (DAST)	9 (Moderate)	Consequences
Severity of Dependence Scale (SDS)	Cocaine 07 – Moderate Marijuana 05 – Low	Dependence
Stages of Change Readiness and Treatment Eagerness Scale (Socrates)	33 – Taking Steps	Motivation

Case Study #6

Offense History

The 32 year old inmate is serving a sentence of 20 years (and 4 years probation) at the Down East Correctional Facility (DCF) for committing manslaughter. The inmate was admitted to the DCF on July 10, 1992 with a projected release date of July 7, 2001. During the assessment interview, the inmate claims that he was under the influence of a ½ gallon of vodka at the time of the offense. The inmate went on to recount that the crime could be traced to his decision to go to a bar with his girlfriend on New Years Eve 1990. At the time, the inmate and girlfriend were living together in a shared apartment. Once the couple arrived at the bar the inmate stated that his girlfriend became jealous because he was speaking to another woman. His girlfriend then met another man and proceeded to bring this man home to their apartment. The offender returned home to his apartment and during an ensuing fight with the girlfriend's new male acquaintance, the offender stabbed the man. The actual stabbing took place during the early morning of January 1, 1991.

The inmate's verbal description of the crime matches the official record in that he admitted to committing manslaughter. The inmate provided details surrounding the offense but did not provide information on the actual offence. The official version of the crime includes the inmate's attempts to conceal the body of the murder victim, to deny involvement in the crime, to provide false identity to the police, and to provide various misleading accounts of the crime before admitting guilt. The official records show that the defendant expressed remorse at the time of the conviction. However, court officials characterized this response as "questionable sincerity" given that the inmate boasted about the crime to fellow inmate following his conviction.

The offender's criminal history includes several periods on probation since 1986 for a series of criminal convictions (e.g., theft, motor vehicle convictions, probation violations). The inmate has a very problematic personal history that includes abandonment as an infant, several years in State custody (as an child and adolescent), residence in several foster homes, a failed adoption, and periods of psychiatric care (residential and out-patient). The inmate has received psychiatric treatment since the age of 4 years old and has been diagnosed with various psychiatric disorders (e.g., hyperactivity, conduct disorder and attention deficit syndrome). These behavioral problems are linked to the inmate's history of aggressive behavior and fascination with knives for the purpose of defense and intimidation. The offender dropped out of school at grade 11 and has had very little employment history.

A 1992 report from the Maine State Prison's Psychological Services Department provides a review of the inmate's lengthy history of behavioral and emotional problems (already discussed), including his history of substance abuse problems. The 1992 report notes that the inmate does not have a major psychiatric disorder but episodes of acting

out and impulsive behavior are likely to occur. Finally, the report recommends the inmate's ongoing need for medication and psychiatric care as well as substance abuse counseling.

The inmate has been classified at the medium custody level since his arrival at the DCF in 1998, prior to this time he was classified at a maximum custody level.

Substance Use History

The inmate opened the interview by stating that he thought he might have a substance abuse problem right now but it was not a great temptation due to lack of availability of alcohol and drugs. He stated that he would probably use alcohol and drugs "right now" if he was on the street. The inmate stated that he was able to stop drug use at "any time" while he was on the street. As a result, he viewed himself as having only an alcohol problem.

During the interview, the offender stated that his alcohol abuse was directly related to his crime. The offender recounted that at the age of 19 he only used drugs occasionally (bi-weekly) while his drinking took place every weekend. The inmate associated his drinking as taking place with friends, on weekends, and at bars. The offender was ambivalent about characterizing his substance abuse problem as serious. At times, the inmate did recognize the seriousness of his problems with statements such as "I was hooked on it" and "I would use if I returned to the street".

The inmate stated that he tried quitting once while inside prison and that he has been successful at achieving abstinence for seven years. The inmate noted that with the exception of AA (which he does not like), he has never been involved in any substance abuse treatment due to his "strong will" and in state of independence. The inmate acknowledged that alcohol abuse had a negative impact on his relationships and work.

Prior Treatment History

The inmate has not been involved in any type of formal substance abuse treatment services (with the exception of attending a few AA meetings) since his incarceration. The inmate was not involved in substance abuse treatment prior to incarceration. Several reports (Classification Department and Psychological Services) contain recommendations for the inmate to get involved in substance abuse counseling.

Pre-Program Interview Rating Scales

The inmate was assessed on five separate rating scales that were ranked at the end of the comprehensive interview. The rating scales range from a score of 1 to 5 (generally covering low to high ratings). The inmate was rated in the following manner:

Low recognition of substance abuse problem (2/5). The inmate partially recognizes his substance abuse problems. The inmate expressed ambivalence about the degree of seriousness associated with his substance abuse problem despite the lengthy history of substance abuse documented in the official records. This low level of recognition is somewhat surprising given that the inmate recognized that alcohol abuse was at the root of his offense. There were time during the assessment interview when the inmate did admit that he had a alcohol problem (“I would use on the street”), including recognizing the negative impact that alcohol had on his relationships and work.

2) Low insight into substance abuse problem (2/5). The inmate has a low level of insight regarding the cause of substance abuse and little insight on what he should do to avoid the problem. The inmate’s strengths are that he recognizes some of the situations where alcohol abuse has been a problem in the past. However, the inmate appears to attribute his problem to issues of willpower alone and independence without exploring gaining control over his emotional and behavioral problems, including his impulse driven behavior.

3) Low recognition of high risk situations (3/5). The inmate has a low level of recognition regarding his high risk situations. The inmate recognized a few events and places (e.g., weekends and bars) associated with his alcohol abuse but fails to recognize how his personal history (e.g., aggressive behavior patterns, acting out, problematic relationships, limited academic and work skills) have impacted on his substance abusing behavior.

4) Low problem solving abilities (2/5). The inmate mainly relied on socially inappropriate and ineffective coping strategies to deal with the problem scenarios. For example, on three of five occasions the inmate chose to enter directly into a high risk situation (e.g., birthday party, bar, party) without employing realistic coping strategies or avoiding the situation altogether. For example, the inmate notes that he would go into bar but not drink or stay with drug using friend but refuse to use. On some occasions the inmate attempted to identify single coping strategies (e.g., asking for a drive to avoid drinking and driving) to deal with the problem scenarios.

5) Low Motivation (2/5). The inmate’s motivation is assessed as “low” based on his ambivalence about the seriousness of his substance abuse problem. The inmate’s ambivalence is demonstrated with his early statement that he does not require treatment to a later statement whereby he agrees that he “needs treatment to some extent”.

Assessment of Risk/Need

The inmate received the following ratings in key areas of his alcohol and drugs use:

Alcohol	Rating
Dependence (SADD)	Low
Consequences (MAST)	Severe
Motivation	Taking Steps

Drugs	Rating
Dependence (SDS)	Cocaine (Moderate) Marijuana (Low)
Consequences (DAST)	Moderate
Motivation	Taking Steps

Overall Substance Abuse Rating:

The inmate's combined substance abuse level is ranked as **substantial**. An inmate with a moderate level of substance abuse problems is at a substantial risk for recidivism (based on studies conducted with the Correctional Service of Canada). It should be noted that a comprehensive needs/risk assessment must be conducted to adequately address the inmate's overall level of risk.

The Maine Department of Correction's Initial and Reclassification Custody rating scale ranked the inmate at 56 in 1998.

Treatment Intervention Needs/Level of Treatment

The inmate's substantial substance abuse problems requires a substantial intensity treatment program (Level IV). The inmate's past level of support in the community stresses the important of a treatment plan that includes institutional and community planning.

Consideration should also be given to offering a specialized treatment service for this inmate, given his lengthy history of emotional and behavior problems, particularly a substance abuse program that directly addresses anger and emotions management.

Special Issues/Questions

Institutional Behavior

The offender's Classification reports reveals numerous disciplinary charges (e.g., assaults) and job suspensions since 1992. His recent institutional behavior has improved as evidence by his current custody classification as medium.

Psychological Services

The offender's lengthy history of emotional and behavioral problems must be addressed in relation to his substance abuse treatment. For example, the treatment providers should closely monitor the offender's emotional state as well as working in cooperation with psychological services to ensure proper overall treatment.

Drug Dependence

Treatment should explore both alcohol and drugs (based on the psychometric results) despite the offender's contention that he has an alcohol problem alone.